## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000001285

Entity Name: TRIPOINT MORTGAGE GROUP, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
8899 UNIVERSITY CENTER LANE #385 SAN DIEGO, CA 92122		4645 RUFFNER STREET #M SAN DIEGO, CA 92111	
Current Mailing Address:		New Mailing Address:	
8899 UNIVERSITY CENTER LANE #385 SAN DIEGO, CA 92122		4645 RUFFNER STREET #M SAN DIEGO, CA 92111	
FEI Number: 59-3814995	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

in the State of Florida.

SIGNATURE:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: () Delete Title: (X) Change ( ) Addition DELGADO, ROBERT DELGADO, ROBERT Name: Name: 8899 UNIVERSITY CENTER LANE #385 4645 RUFFNER STREET #M Address: Address: City-St-Zip: SAN DIEGO, CA 92122 City-St-Zip: SAN DIEGO, CA 92111

Name: DELGADO, LISA Name: DELGADO, LISA

Electronic Signature of Registered Agent

Address: 8899 UNIVERSITY CENTER LANE #385 Address: 4645 RUFFNER STREET #M City-St-Zip: SAN DIEGO, CA 92122 City-St-Zip: SAN DIEGO, CA 92111

Title: S () Delete Title: S (X) Change () Addition

Name: DELGADO, LISA Name: DELGADO, LISA

Address: 8899 UNIVERSITY CENTER LANE #385 Address: 4645 RUFFNER STREET #M
City-St-Zip: SAN DIEGO, CA 92122 City-St-Zip: SAN DIEGO, CA 92111

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT DELGADO DP 04/29/2009